

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)			Application Number 09/941,612		Filing Date 30 August, 2001		<input type="checkbox"/> To be Mailed						
			Applicant(s) AOYAGI ET AL.						Page 1 of 1				
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 02/04/2008		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1			-	-			51						
2			-	-			52						
3			-	-			53						
4			-	-			54						
5			-	-			55						
6			-	-			56						
7			-	-			57						
8			-	-			58						
9			-	-			59						
10			-	-			60						
11			-	-			61						
12			-	-			62						
13			-	-			63						
14			-	-			64						
15			-	-			65						
16			-	-			66						
17			-	-			67						
18			-	-			68						
19			-	-			69						
20			-	-			70						
21			-	-			71						
22			-	-			72						
23			-	-			73						
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25			-	-			75						
26			-	-			76						
27			-	-			77						
28			-	-			78						
29			-	-			79						
30			-	-			80						
31			-	-			81						
32			-	-			82						
33			-	-			83						
34			-	-			84						
35			-	-			85						
36			-	-			86						
37			1				87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				5			92						
43				5			93						
44				5			94						
45			1				95						
46				1			96						
47				1			97						
48				1			98						
49							99						
50							100						
Total Indep			3				Total Indep						
Total Depend				21			Total Depend						
Total Claims			24				Total Claims						

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